

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001014

FILED
Mar 14, 2012
Secretary of State

Entity Name: THE LAKE PLACID MURAL SOCIETY, INC.

Current Principal Place of Business:

8 NORTH OAK AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 65-0393532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PORTER, HARRIET R.
159 DEANNA DRIVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PORTER, ROBERT
Address: 159 DEANNA DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T
Name: DRAPER, SHARON
Address: 99 COLE DANLEY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: P S
Name: PORTER, HARRIET
Address: 159 DEANNA DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: MCGOVERN, EDIE
Address: 335 BELL GROVE ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: BASTARDI, STEVE
Address: P.O. BOX 1784
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: FLOCKE, LEE
Address: 3039 WATERWAY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARRIET PORTER

P

03/14/2012

Electronic Signature of Signing Officer or Director

_____ Date